## Village of West Jefferson

John Mitchell Director of Public Service			West Jefferson, Ohio 43162 (614) 879-8655				28 E. Main Stree Fax (614) 879-53		
Facility Name:  Contact Person:			Address:Phone No						· · · · · · · · · · · · · · · · · · ·
	Assembly	ssembly Information		<del></del>	In	stallation	Information  Isolation   Electrical	<del></del>	<del></del> ] ·
Make: _		······································			Containm	ent L	Floor Num	her	
Model: _				Meter Pit	_	Basement	☐ Floor Num  Room Num		
Size:	<u></u>			Penthouse		Boller Roo	M Cl. ROOM Num	1001.	
Serial Nur	nber:			Mechanical	Room 🗆	Protection	Provided.		<del></del>
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Re-Test After	Valve		Fail 🛭	Check Valve			Air Inlet Valve	psig	4
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<u>TESTER</u>	CERTIFIC			Ç.	ignature		Pho Contractor No	one No	
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ester Na	me (Printed Name	)		o	H Cert. No.				
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Tester Na Company F <u>ACILIT</u> CERTIFI	me (Printed Name <u>Y</u> CATION:	I hereby entire pi inoperat responsi	certify that i rescribed in ive or remi bility to ensi	the above backflow p terval between test p oved without prope ure the above.	orevention de veriods and c er authorizat	vice has be during that ion. I furt	en in constant use at thi period this device was her certify that I have	is location not bypas the auth	during th sed, mad
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All applicable fields must be filled out completely in order for test results to be accepted